Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY:

LOCATION:

COUNTY:

DISTRICT:

72310

American Energy Corp - Century Mine

43521 Mayhugh Hill Rd Twp Hwy 88 Beallsville, OH 43716

Belmont SEDO

STATUS:

Original

PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

REPORTING LAB:

OILOOO91\*GD015 <u>2009-10-01</u> To: <u>2009-10-31</u> Tra-Det Inc.

William Thompson

ANALYST: NO DISCHARGE INDICATOR:

| PARAMETER  | Manganese, Total<br>(Mn)                         |  |                        |          |                                     |              |                     |
|--|--|--|------------------------|----------|-------------------------------------|--------------|---------------------|
| PARAMETER CODE   | 01055  |  |                        | }        |                                     | <del>{</del> |                     |
| UNITS  | ug/l   |  |                        |          |                                     |              |                     |
| FREQUENCY  | 1 / 2 Weeks                                      |  |                        |          |                                     |              |                     |
| SAMPLING TYPE  | Grab   |  |                        | <u> </u> |                                     |              |                     |
| 2009-10-01   |  |  | <u> </u>               |          |                                     | <u> </u>     |                     |
| 2009-10-02   | <u> </u>   |  |                        |          |                                     |              |                     |
| 2009-10-03   | <u> </u>   |  |                        | <u> </u> | <u>·</u>                            |              |                     |
| 2009-10-04   | <u></u>  |  |                        |          |                                     |              |                     |
| 2009-10-05   | 810  |  |                        |          |                                     | <u> </u>     |                     |
| 2009-10-06   | <u> </u>   |  |                        |          |                                     |              |                     |
| 2009-10-07   |  |  |                        |          |                                     |              |                     |
| 2009-10-08   |  |  |                        |          |                                     | <u> </u>     |                     |
| 2009-10-09   | <u></u>  |  |                        |          |                                     |              |                     |
| 2009-10-10   |  |  |                        |          |                                     |              |                     |
| 2009-10-11   |  |  |                        |          |                                     |              |                     |
| 2009-10-12   |  |  |                        |          |                                     |              |                     |
| 2009-10-13   |  |  |                        |          |                                     |              |                     |
| 2009-10-14   |  |  |                        |          |                                     |              |                     |
| 2009-10-15   |  |  |                        |          |                                     |              |                     |
| 2009-10-16   | Ï  |  | ĺ                      |          |                                     |              |                     |
| 2009-10-17   | <del>                                     </del> |  |                        |          |                                     |              |                     |
| 2009-10-18   | <del></del>                                      |  |                        | <u> </u> |                                     |              |                     |
| 2009-10-19   |  |  | 1                      | <u> </u> |                                     |              |                     |
| 2009-10-20   |  |  |                        |          |                                     |              |                     |
| 2009-10-21   | 604  |  | <u> </u>               |          |                                     | <u> </u>     |                     |
| 2009-10-22   |  |  | <u> </u>               | <u> </u> |                                     |              |                     |
| 2009-10-23   | <u>.                                    </u>     |  |                        | <u> </u> |                                     |              |                     |
| 2009-10-24   |  |  |                        |          |                                     |              | <del></del>         |
| 2009-10-25   | <u> </u>   |  |                        |          |                                     | <u> </u>     | <del></del>         |
| 2009-10-26   | ·  |  |                        |          |                                     |              |                     |
|  |  | ) <u> </u>   |                        |          |                                     |              | ····                |
| 2009-10-27   |  |  | <del> </del>           | <u> </u> |                                     | <del>}</del> |                     |
| 2009-10-28   |  |  | <u> </u>               |          |                                     | <del> </del> |                     |
| 2009-10-29   | <u> </u>   |  | 1                      | <u></u>  |                                     | <del>}</del> |                     |
| 2009-10-30   |  |  |                        | <u> </u> |                                     | <del> </del> |                     |
| 2009-10-31   | ļ  | <u></u>  | <u> </u>               | <u> </u> |                                     | <u> </u>     |                     |
| Minimum<br>Maximum                                       | 604.0<br>810.0                                   | <u></u>  |                        |          |                                     | <del></del>  |                     |
| Average  | 707  |  |                        |          |                                     | <del>}</del> |                     |
| Count  | 2  |  |                        |          |                                     |              |                     |
| ame of Responsible Officier<br>Authorized Representation | ve with the information                          | submitted herein and ba  | personally examined an | ose      | Signature of Responsible<br>Represe |              | Submiss<br>Date/Tir |
| Dennis Dubiel  | submitted informatio                             | individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment. |                        |          |                                     |              |                     |